

PUBLIC WATER SYSTEM ANALYSIS REQUEST FORM

PLEASE COMPLETE ALL INFORMATION TO ENSURE COMPLIANCE CREDIT

PWS Name :		PWS #:									
Mailing Address:											
City:		State:	Zip:								
Attention:		Phone:									
Email Address:		Fax:									
Collector (if different than above):		Contact Phone #:									
Date Collected:		Time Collected (24 hour clock):									
Additional copy of report sent to:											
Address:		City:	State:								
Address:		City:	State:								
Sample ID:		Sample Location:									
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">SAMPLE TYPE</td> <td style="width: 25%;"><input type="checkbox"/> RT - routine</td> <td style="width: 25%;"><input type="checkbox"/> CO - confirmation</td> <td style="width: 25%;"><input type="checkbox"/> DU - duplicate</td> </tr> <tr> <td><input type="checkbox"/> QT – quarterly</td> <td><input type="checkbox"/> RP - repeat</td> <td><input type="checkbox"/> SP - special</td> <td><input type="checkbox"/> OTHER: _____</td> </tr> </table>				SAMPLE TYPE	<input type="checkbox"/> RT - routine	<input type="checkbox"/> CO - confirmation	<input type="checkbox"/> DU - duplicate	<input type="checkbox"/> QT – quarterly	<input type="checkbox"/> RP - repeat	<input type="checkbox"/> SP - special	<input type="checkbox"/> OTHER: _____
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<input type="checkbox"/> QT – quarterly	<input type="checkbox"/> RP - repeat	<input type="checkbox"/> SP - special	<input type="checkbox"/> OTHER: _____								



State of Idaho
Bureau of Laboratories
2220 Old Penitentiary Rd.
Boise, ID 83712
208-334-2235
EPA Lab No. ID00018

Primary IOC's

Phase II

- ☐ Barium
- ☐ Cadmium
- ☐ Chromium
- ☐ Mercury
- ☐ Selenium

Phase V

- ☐ Antimony
- ☐ Beryllium
- ☐ Nickel
- ☐ Thallium

Other

- ☐ Arsenic
- ☐ Cyanide
- ☐ Fluoride
- ☐ Nitrate as N
- ☐ Nitrite as N
- ☐ Sodium

Secondary IOC's

- ☐ Alkalinity
- ☐ Aluminum
- ☐ Calcium
- ☐ Chloride
- ☐ Hardness

- ☐ Iron
- ☐ Magnesium
- ☐ Manganese
- ☐ Orthophosphate
- ☐ pH

- ☐ Silica
- ☐ Sulfate
- ☐ Total Dissolved Solids
- ☐ Turbidity
- ☐ Other: _____

Radiology

- ☐ Gross Alpha
- ☐ Radium 226

- ☐ Gross Beta
- ☐ Radium 228

- ☐ Uranium
- ☐ Other: _____

Organics

- ☐ VOC* - EPA 524.2
- ☐ THM – EPA 524.2
- ☐ TTHM – EPA 524.2
- ☐ HAA5 – EPA 552.2

***Caution – VOC preservative may contain acid**

SOC's

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Carbamates – EPA 531.1 <input type="checkbox"/> Chlorinated Pesticides – EPA 508.1 <input type="checkbox"/> Diquat – EPA 549.2 <input type="checkbox"/> EDB & DBCP – EPA 504.1 | <ul style="list-style-type: none"> <input type="checkbox"/> Endothall – EPA 548.1 <input type="checkbox"/> Glyphosate – EPA 547 <input type="checkbox"/> Herbicides – EPA 515.4 <input type="checkbox"/> Semi-Volatiles – EPA 525.2 |
|--|---|

Additional Testing and/or Comments: _____



Get your forms on the web at: <http://www.healthy.idaho.gov> “Labs submission forms”

LABORATORY USE ONLY

Shipper: _____	Rec. Temp. _____	Chain of Custody: _____
# Bottles / Sample: _____	Container Type: _____	Preservatives(s): _____
Radiation Check (<5 mRem/hr): _____	# Samples / Order: _____	Lab Sample #: _____
Storage Location: _____	Date Received: _____	Lab Order ID: _____
Received By: _____		Updated 2/15//06